

PLEASE PASS THIS FORM ALONG TO A COLLEAGUE
 AMERICAN SOCIETY OF ANGIOLOGY
 Application for Fellowship/Membership- 2016

Contact Information:

| | |
|--|-------------------|
| Last Name: | First: |
| Title: | |
| Institution: | |
| Address: | |
| City: | State/Zip/Country |
| Telephone: | Fax: |
| Date of Birth | Place: |
| <input type="checkbox"/> Yes I would like online access to the journal Email: | |

Interests:

| Give percentage of time devoted to: | Percentage | Describe your interest in: |
|-------------------------------------|------------|----------------------------|
| Clinical Vascular Medicine | % | Clinical: |
| Vascular Surgery Radiology | % | |
| Vascular Research | % | Teaching: |
| Vascular Laboratory | % | |
| Teaching | % | Research: |
| Clinical Coagulation | % | |
| Research | % | Research: |
| Other | % | |

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| Card number: | Name on card: | | Exp. Date | | / | | |
| | | | | /Security Code: | | | |
| Statement Address: | | | | City, St and Zip: | | | |
| Signature: | | | | Date: | | | |

Return to:
Director of Membership
American Society of Angiology
P.O. Box 586
Glen Head, NY 11545-086
Phone: 516-801-4020 Email: memberservices@ansocang.org

Fellow of the ASA (FASA): Established professionals in the field, usually with a doctorate level qualification and/or a senior position in a hospital/university. Medical and Scientific staff can apply. A publication record is desirable.

Member of the ASA: For those in training or not studying the seniority requirements required for fellowship.